

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		08-01-01
O.I.P.E. CLASSIFIER		10	8-10-01
FORMALITY REVIEW	VE	956	09/06/01
RESPONSE FORMALITY REVIEW			

09/9/7428

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through summary)
 - Restricted
 H Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
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9		59		109	
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12		62		112	
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42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 attach additional sheet here

BEST AVAILABLE COPY

(LEFT INSIDE)

10/10
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